Fatal

State of Connecticut	
Department of Public Safety / Division of State Police	ACCIDENT INFORMATION SUMMARY
	Case Number: DPs- 05-054425 Notations: Traffic: light Weather: Clear
Investigating Trooper: Packer # 913	Date: Lane of Direction of Travel:
(Passenger Car, Truck, Bus, Etc.)	telated Information: Pedestrian N S E W (Pedestrian, Pole, Bridge Abutment, Etc)
Town / City: Marlborough	ocation of Accident: North Main Street
Utility Pole Name & Number (If Applicable):	Other (Specify):
Oper#1: Pedestrian Stevens, Lourance, H	Oper#2: Hubert, John, C.
DOB: 04/09/24 Gender: M	
Address: 206 North Main Street	Address: 40 Blueberry Hill
	06447 Town: Waterbury State: CT Zip:06704
Oper. Lic. # 161409013 Type: 2 State:	
Owner #1:	Owner #2: Hubert, Donna
Address:	Address: Same
Registration Plate: State:	
Make: Model: Year:	Make: Chevy Model: Malibul Year: 2000
VIN:	VIN: 1G1NE52JXY6263351
Seatbelt(s): Yes No Airbag: Yes (Deployed Y N) No	□N/A Seatbelt(s): △Yes □No Airbeg: □Yes (Deployed □Y □N) □No □N/A
Insurance Company:	Insurance Company: All State
Insurance Policy #:	insurance Policy #:
Injuries:	injuries: None
Vehicle Damage: Vehicle Towed: No Yes,	Vehicle Damage: Front End Vehicle Towed: □No Klyes, Northeast Auto, Marlborous
Occupant(s): [Name / DOB / Address / Position in Veh]	Occupant(s): [Name / DOB / Address / Position in Veh]
	Hubert, Donna DOB 01/10/60
	40 Blueberry Hill
	Waterbury, CT
	Front Passenger
Oper #3:	Oper #4:
DOB: Gender: M	☐F DOB: Gender: ☐ M ☐F
Address:	Address:
	Town: State: Zip:
Oper. Lic. # Type: State:	Oper. Lic. # Type: State
Owner #3:	
Address:	Address:
Registration Plate: State:	
Make: Model: Year:	Make: Model: Year:
VIN:	VIN:
Seatbelt(s): Tyes No Airbag: Tyes(Deployed Ty No No	□N/A Seatbelt(s): □Yes □No Airbag: □Yes (Deployed □Y □N): □No □N/A
Insurance Company:	Insurance Company:
Insurance Policy #:	Insurance Policy #:
Injuries: Vehicle Damage:	Injuries: Vehicle Damage:
Vehicle Towed: No Yes,	Vehicle Towed: No Yes,
Occupant(s): [Name / DOB / Address / Position in Veh]	Occupant(s): [Name / DOB / Address / Position In Veh]

Brief Description of Accident

Vehicle #1 was traveling South bound on North Main Street in the town of Marlborough when vehicle #1 struck pedestrian #1. Pedestrian #1 was pronounced deceased at the scene of the accident. No injuries were reported by operator #1 or passengers of vehicle #1. This motor vehicle accident is being investigated by the Marlborough resident Trooper Mark Packer. Case under investigation.

Any witnesses to this motor vehicle accident are asked to call Tpr. Packer #913 at Troop k @ 860-537-7500.

MEDICAL A	TTENTION:		
#1 Ambulance	XYcs, Company Marlborough No	#2 Ambulance	Yes, Company No
Patient Name: Hospital	Stevens, Lourance	Patient Name: Hospital	
Injuries	Fatal	Injuries	
#3 Ambulance	□Yes, Company □No	#4 Ambulance	Yes, Company No
Patient Name: Hospital		Patient Name: Hospital	
Injuries	Manuscon, 12/1 (and who exceeds all properties and a second of the	Injurion	
FATALITIES	: Do Not Release Unless Next of Kin N	Notified	
Name Stevens, Lourance		Name	
Next of Kin Notified? XYes No		Next of Kin Notified? Yes No	
Name	V	Name	
Next of Kin Notified? ☐Yes ☐No		Next of Kin Notified?	
ENFORCEM	ENT ACTION:		
Arrested		Arrestod	e e mar en
Warned		Warned	and the second of the second o